

**BOARD OF VETERINARY MEDICINE  
REGULATORY ADVISORY PANEL – OPIOID PRESCRIBING  
MEETING MINUTES  
MARCH 14, 2018**

**TIME AND PLACE:** The Regulatory Advisory Panel (RAP) meeting was called to order at 10:03 a.m. on Wednesday, March 14, 2018, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Training Room 2, Henrico, Virginia.

**PRESIDING OFFICER:** Ellen Hillyer, DVM, Board Member

**MEMBERS PRESENT:** Bayard Rucker, III, DVM, Board Member  
Lisa Carter, DVM, Virginia Veterinary Medical Association of Virginia (VVMA)  
Kelly Gottschalk, DVM, VVMA  
Noah Pavlisko, DVM, DACVAA, Assistant Professor,  
Anesthesiology VA-MD College of Veterinary Medicine

**MEMBERS NOT PRESENT:** All members were present.

**QUORUM:** With all members of the Panel present, a quorum was established.

**STAFF PRESENT:** Barbara Allison-Bryan, M.D., Chief Deputy Director  
Leslie L. Knachel, Executive Director  
Elaine Yeatts - Senior Policy Analyst  
Carol Stamey, Operations Manager

**OTHERS PRESENT:** No others were present.

**INTRODUCTIONS:** Dr. Hillyer requested that the RAP members and staff introduce themselves. Ms. Knachel introduced Dr. Allison-Bryan as the new Chief Deputy Director.

**DISCUSSION:** **Regulations for Prescribing Opioids**  
  
**Consideration of comments**  
The RAP reviewed, discussed and determined that the Emergency Regulations on Prescribing Opioids required changes based upon consideration of public comment. The RAP requested that staff amend the Emergency Regulations (see Attachment A).  
  
Dr. Rucker moved to recommend the proposed changes to the full board for approval as an exempt action. The motion was seconded and carried.

**ADJOURNMENT:** The meeting adjourned at 11:50 a.m.



Ellen G. Hillyer, D.V.M.

Chair



Date



Leslie L. Knachel, M.P.H.

Executive Director



Date

## Attachment A

### Recommended Amendments for Board COnsideration

#### 18VAC150-20-174. Prescribing of controlled substances for pain or chronic conditions.

##### A. Evaluation of the patient and need for prescribing a controlled substance for pain.

1. For the purposes of this section, a controlled substance shall be a Schedules II through V drug, as set forth in the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia), which contains an opioid [ to include tramadol and buprenorphine ] .

2. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids. Prior to initiating treatment with a controlled substance, as defined, the prescriber shall perform a history and physical examination appropriate to the complaint and conduct an assessment of the patient's history as part of the initial evaluation.

3. If a controlled substance is necessary for treatment of [ acute ] pain, the veterinarian shall prescribe it in the lowest effective dose appropriate to the size and species of the animal for the least amount of time. The dose shall not exceed a 14-day supply.

B. If the prescribing is within the accepted standard of care, a veterinarian may prescribe a controlled substance containing an opioid for management of [ chronic ] pain, terminal illnesses, or certain chronic conditions, such as chronic heart failure, chronic bronchitis, osteoarthritis, collapsing trachea, or related conditions.

1. For prescribing a controlled substance for management of pain after the initial 14-day prescription [ ~~referenced in subsection A of this section~~ ] , the patient shall be seen and evaluated for the continued need for an opioid. [ For the prescribing of a controlled substance for terminal illnesses or certain chronic conditions, it is not required to see and reevaluate the patient for prescribing beyond 14 days. ]

2. For any prescribing of a controlled substance beyond 14 days, the veterinarian shall develop a treatment plan for the patient, which shall include measures to be used to determine progress in treatment, further diagnostic evaluations or modalities that might be necessary, and the extent to which the pain or condition is associated with [ physical ] impairment.

3. For continued prescribing of a controlled substance, the patient shall be seen and reevaluated at least every six months, and the justification for such prescribing documented in the patient record.

C. Prior to prescribing or dispensing a controlled substance, the veterinarian shall document a discussion with the owner about the [ ~~known risks and benefits of opioid therapy, the~~ ] responsibility for the security of the drug [ ; ] and proper disposal of any unused drug.

D. Continuation of treatment with controlled substances shall be supported by documentation of continued benefit from the prescribing. If the patient's progress is unsatisfactory, the veterinarian shall assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

E. [ ~~Prescribing of buprenorphine for outpatient administration shall only occur in accordance with the following:~~

1. The dosage, quantity, and formulation shall be appropriate for the patient; and

2. The prescription shall not exceed a seven-day supply. Any prescribing beyond seven days shall be consistent with an appropriate standard of care and only after a reexamination of the patient as documented in the patient record.

F. ] The medical record for prescribing controlled substances shall include signs or presentation of the pain or condition, a presumptive diagnosis for the origin of the pain or condition, an examination appropriate to the complaint, a treatment plan, and the medication prescribed to include the date, type, dosage, and quantity prescribed.